

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>H.S.</i>	<i>866</i>	<i>1/10</i>
FORMALITY REVIEW	<i>H.S.</i>	<i>866</i>	<i>10.02.01</i>
RESPONSE FORMALITY REVIEW	<i>H.S.</i>	<i>866</i>	<i>12.06.01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

35-121
10/90/21

TM 10

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